

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SPN NO. 09/936518 FILING DATE

APPLICANT(S)

CLAIMS

IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1		1			
2		1			
3					
4		1			
5					
6		1			
7					
8		1			
9					
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50					
TOTAL IND.		1			
TOTAL DEP.		16			
TOTAL CLAIMS		17			

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			